

# **The eRA IMPAC II Project**

## **CMUG Requirements Meeting**

**December 5, 2001**

**Version 2.0**

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## 1 OVERVIEW

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The CMUG has planned several requirements meetings to clarify the requirements for the Committee Management redesign. This document lists the requirements that were discussed at the December 5, 2001 meeting. This meeting was held from 1pm – 4pm in Rockledge II, Room 9104.

## 2 REQUIREMENTS

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The requirements come from the ERA Business Plan, a bug/enhancement list from Claire Benfer, Committee Management Advocate, and various bugs/enhancements reported by users that have been deferred.

### 2.1 Annual Ethics Tracking Report

#### 2.1.1 Existing Requirements

This requirement comes from the ERA Requirements Business Plan, section 5.16. It is entered in BugCollector as item CM2282. The requirement is as follows:

“A statistical report on the number of Special Government Employees (SGE) that are required to file an OGE Form 450 and are required to receive annual ethics training.

Specifications: Committee Name, Member Type, Type of Committee, COI Form, Annual Ethics Training “

#### 2.1.2 Questions/Additional Information

1. What tells us if a person is an SGE?
2. What is the query criteria for this report?
3. What statistical information should it provide?
4. What is the layout for this report?
5. What is the layout for the header?
6. What is the sort order for this report?
7. What are the parameters for this report? Date Range? By Cmte?
8. Are there any role restrictions for who can access this report?
9. What is the priority for this item? Should this enhancement be made to the existing system or can it wait for the redesign?

*This item will be deferred until the 2002 budget.*

## **2.2 OGE 450 – Executive Branch Confidential Financial Disclosure Report**

### **2.2.1 Existing Requirements**

This requirement comes from the ERA Requirements Business Plan, section 5.17. It is entered in BugCollector as item CM1864. The requirement is as follows:

“The following personnel forms should be created in the CM Module. Users will be able to print these forms for each potential nominee. These forms when printed will show the potential members name, affiliation, and date of birth.”

The OGE-450 form is 6 pages long. The following screen images are the OGE-450 Form:





## INSTRUCTIONS FOR OGE FORM 450, CONFIDENTIAL FINANCIAL DISCLOSURE REPORT

### A. Why You Must File

This report is a safeguard for you as well as the Government. It provides a mechanism for determining actual or potential conflicts between your public responsibilities and your private interests and activities. This allows you and your agency to fashion appropriate protections against such conflicts.

### B. Who Must File

Agencies are required to designate positions at or below GS-15, 0-6, or comparable pay rates, in which the nature of duties may involve a potential conflict of interest. Examples include contracting, procurement, administering grants and licenses, regulating/auditing non-Federal entities, other activities having a substantial economic effect on non-Federal entities, or law enforcement.

All special Government employees (SGEs) must file, unless exempted by their agency or subject to the public reporting system. Agencies may also require certain employees in positions above GS-15, 0-6, or a comparable pay rate to file.

### C. When To File

**New entrant reports:** Due within 30 days of assuming a position designated for filing, unless your agency requests the report earlier. No report is required if you left another filing position within 30 days prior to assuming the new position. (SGEs must file new reports upon each reappointment or redesignation, at the time specified by the agency.)

**Annual reports:** Due not later than October 31, unless extended by your agency.

### D. Reporting Periods

**New entrant reports:** The reporting period is the preceding twelve months from the date of filing.

**Annual reports:** The reporting period covers October 1 through September 30 (or that portion not covered by a new entrant report). However, an report is required if you performed the duties of your position for less than 61 days during that twelve-month period. (All reappointed or redesignated SGEs file reports, regardless of the number of days worked.)

### E. Where To File

With ethics officials at the agency in which you serve or will serve, or in accordance with their procedures.

### F. Definitions

**Dependent Child** - means your son, daughter, stepson, or stepdaughter if each person is either:

- (1) unmarried, under age 21, and living in your household; or
- (2) a "dependent" of yours for Federal income tax purposes. See 26 U.S.C. 152.

**Honoraria** - means payments (direct or indirect) of money or anything of value to you or your spouse for an appearance, speech or article, excluding necessary travel expenses. Also included are payments to charities in lieu of honoraria.

**Special Government Employee (SGE)** - is defined in 18 U.S.C. 202(a) as: an officer or employee of an agency who performs temporary duties, with or without compensation, for not more than 130 days in a period of 365 days, either on a full-time or intermittent basis.

### G. General Instructions

1. Filers must provide sufficient information about outside interests and activities so that ethics officials

can make an informed judgment as to compliance with applicable conflict of interest laws and standards of conduct regulations.

2. This form consists of five parts, which require identification of certain specific financial interests and activities. **NO DISCLOSURE OF AMOUNTS OR VALUES IS REQUIRED.** You must complete each part (except as indicated for Part V) and sign the report. If you have no information to report in any part or do not meet the threshold values for reporting, check the "None" box. New entrants and SGEs are not required to complete Part V.

3. You must include information applicable to yourself, your spouse, and dependent children in Parts I, II and V. This is required because their financial interests are attributed to you under ethics rules in determining conflicts of interest. Information about your spouse is not required in the case of divorce, permanent separation, or temporary separation with the intention of terminating the marriage or permanently separating. Parts III and IV require disclosures about yourself only.

4. You may distinguish any entry for a family member by preceding it with **8 for spouse, DC for dependent child, or 8 for jointly held.**

### Part I: Assets & Income

#### Assets:

1. Report all assets held for investment or for the production of income by **you, your spouse, and dependent children**, with a value greater than \$1,000 at the end of the reporting period **or** which produced more than \$200 in income during the reporting period.

#### Salary and Earned Income:

1. **For yourself:** report all sources of salary and earned income greater than \$200 during the reporting period.
2. **For your spouse:** report all sources of salary and earned income if greater than \$1,000 (for honoraria, if greater than \$200).



3. For dependent children: no earned income needs to be reported.

#### Examples of Assets:

- |                             |                                    |
|-----------------------------|------------------------------------|
| - Stocks                    | - Bonds                            |
| - Tax Shelters              | - Investment Real Estate           |
| - Mutual Funds              | - Pensions                         |
| - Annuities                 | - IRA/401(k) Holdings              |
| - Trust Holdings            | - Commodity Futures                |
| - Trades & Businesses       | - Partnership Interests            |
| - Investment Life Insurance | - Collectibles held for Investment |

#### Examples of Income:

- |                          |                            |
|--------------------------|----------------------------|
| <u>Investment Income</u> | <u>Salary/Other Income</u> |
| - Dividends              | - Fees                     |
| - Rents and Royalties    | - Salaries                 |
| - Interest               | - Commissions              |
| - Capital Gains          | - Retirement Benefits      |
|                          | - Honoraria                |

#### Notes:

- For **pensions**, you will ordinarily just need to indicate the name of the sponsoring employer. However, if you have control over the specific investment assets held in your pension account (it is not independently managed), you must also list those underlying investments or attach an account statement that lists them.
- For publicly available **mutual funds**, you are only required to indicate the name of the fund, not the investments that the mutual fund holds in its portfolio. You must, however, always indicate the full name of the specific mutual fund in which you hold shares, not just the general family fund name.
- For other publicly available investment funds, such as publicly offered units of **limited partnerships**, the disclosure requirements are the same as for mutual funds -- list the full name of the limited partnership, but not its underlying portfolio investments.
- For a **privately held trade or business**, report its name, location, and description of activity.

#### Do Not Report:

- Your personal residence, unless you rent it out;
- Federal Government salary or retirement benefits such as the Thrift Savings Plan;
- Social Security benefits;
- Money owed to you, your spouse, or dependent child by a spouse, parent, sibling, or child;
- Accounts including certificates of deposit, savings accounts, interest-bearing checking accounts, or any other form of deposit in a bank, savings and loan association, credit union or similar financial institution;
- Money market mutual funds and money market accounts;
- U.S. Government obligations (including Treasury bonds, bills, notes and saving bonds);
- Government securities issued by U.S. Government agencies or Government-sponsored corporations, such as TVA, GNMA, FNMA; and
- The underlying holdings of a trust that: 1) was not created by you, your spouse, or dependent children, **and** 2) the holdings or sources of income of which you, your spouse, and dependent children have no past or present knowledge. An example is a trust created by a relative, from which you receive periodic income but have no knowledge about its assets. Just identify the trust by name and date of creation.

#### Part II: Liabilities

##### Report for Yourself, Spouse, and Dependent Children:

- Liabilities over \$10,000 owed to any creditor at any time during the reporting period.

#### Do Not Report:

- Mortgages on your personal residence unless you rent it out;
- Personal liabilities owed to a spouse, or the parent, sibling, or child of you, your spouse, or dependent child;
- Loans for personal automobiles, household furnishings, or appliances, where the loan does not exceed the purchase price; and
- Revolving charge accounts where the outstanding liability does not exceed \$10,000 at the end of the reporting period.

#### Part III: Outside Positions

##### Report for Yourself:

- All positions outside the U.S. Government held at any time during the reporting period (including positions no longer held), whether or not paid.

**Positions include** an officer, director, trustee, general partner, proprietor, representative, executor, employee, or consultant of any of the following:

- A corporation, company, firm, partnership, trust, or other business enterprise;
- A non-profit organization;
- A labor organization; and
- An educational or other institution outside the Federal Government.

#### Do Not Report:

- Positions held in any religious, social, fraternal, or political entity;
- Positions solely of an honorary nature; and
- Positions held by a spouse or dependent child.

#### Part IV: Agreements and Arrangements

##### Report Your Agreements or Arrangements for:

1. Current or future employment;
2. A leave of absence from private or other non-Federal employment;
3. Continuation of payment by a former employer other than the Federal Government (including severance payments); and
4. Continuing participation in an employee pension or benefit plan maintained by a former employer other than the Federal Government.

##### Do Not Report:

1. A spouse or dependent child's agreements or arrangements.

#### Part V: Gifts and Travel Reimbursements

**Note:** Part V is not applicable to new entrants and SGE's.

##### Report for You, Your Spouse, and Dependent Children:

1. Travel-related cash reimbursements received from one source during the reporting period totaling \$250 or more.
2. Any other gifts totaling \$250 or more from any one source. A "gift" is defined as anything of value, unless you give something of equal or greater value to the donor. This includes tangible items and in-kind transportation, food, lodging, and entertainment.

**Note:** Gifts or reimbursements valued at \$100 or less need not be included in determining the \$250 reporting threshold.

##### Do Not Report:

1. Anything received from relatives, the U.S. Government, D.C., State, or local governments;
2. Bequests and other forms of inheritance;
3. Gifts and travel reimbursements given to your agency in connection with your official travel;
4. Gifts of hospitality (food, lodging, entertainment) at the donor's residence or personal premises; and
5. Gifts or reimbursements received by a spouse or dependent child totally independent of the relationship to the filer (*Example: a spouse's reimbursement in connection with private employment*).

#### Privacy Act Statement

Title I of the Ethics in Government Act of 1978 (5 U.S.C. App.), Executive Order 12674, and 5 CFR Part 2634, Subpart I, of the Office of Government Ethics regulations require the reporting of this information. The primary use of the information on this form is for review by Government officials of your agency, to determine compliance with applicable Federal conflict of interest laws and regulations. Additional disclosures of the information on this report may be made: (1) to a Federal, State or local law enforcement agency if the disclosing agency becomes aware of a violation or potential violation of law or regulation; (2) to a court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a judge-issued subpoena; (3) to a source when necessary to obtain information relevant to a conflict of interest investigation or decision; (4) to the National Archives and Records Administration or the General Services Administration in record management inspections; (5) to the Office of Management and Budget during legislative coordination on private relief legislation; and (6) in a judicial or administrative proceeding, if the information is relevant to the subject matter. This

confidential report will not be disclosed to any requesting person unless authorized by law.

#### Penalties

Falsification of information or failure to file or report information required to be reported may subject you to disciplinary action by your employing agency or other authority. Knowing and willful falsification of information required to be reported may also subject you to criminal prosecution.

#### Public Burden Information

This collection of information is estimated to take an average of one and a half hours per response, including time for reviewing the instructions, gathering the data needed, and completing the form. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Associate Director for Administration, U.S. Office of Government Ethics, Suite 500, 1201 New York Avenue, N.W., Washington, DC 20005-3917; and to the Office of Management and Budget, Paperwork Reduction Project (3200-0006), Washington, DC 20503. Do not send your completed OGE Form 450 to this address. See Section II for where to file.

Pursuant to the Paperwork Reduction Act, as amended, an agency may not conduct or sponsor, and no person is required to respond to, a collection of information unless it displays a currently valid OMB control number (that number is displayed in the upper right-hand corner of the first page of this OGE Form 450).

Mere disclosure of the required information does not authorize holdings, income, liabilities, affiliations, positions, gifts or reimbursements which are otherwise prohibited by law, Executive order, or regulation.

**If you need assistance in completing this form, contact the ethics officials in the agency in which you serve or will serve.**

OMB Form 456, 5 CFR Part 2634, Subpart I  
U.S. Office of Government Ethics (2001)

Form Approved  
OMB No. 3209-0006

### Executive Branch CONFIDENTIAL FINANCIAL DISCLOSURE REPORT

Employee's Name (Last, first, middle initial)		Position/Title	Grade	Reporting Status: <input type="checkbox"/> New entrant <input type="checkbox"/> Annual
Agency		Branch/Unit and Address	Work Phone	If New Entrant, Date of Appointment
Check box if special Government employee (SGE): <input type="checkbox"/>		If an SGE, Home Address (Number, Street, City, State and ZIP Code)		
I certify that the statements I have made on this form and all attached statements are true, complete, and correct to the best of my knowledge.			Signature of Employee	Date
Date Received by Agency	On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (except as noted in "comments" box below).		Signature and Title of Supervisor/Chief Immediate Reviewer (If agency requires)	Date
Signature of Agency's Final Reviewing Official and Title		Date	Comments of Reviewing Officials  (Check box if comment on reverse) <input type="checkbox"/>	

  

**Part I: Assets and Income**

None ☐

**Identify for you, your spouse, and dependent children:** 1) assets with a fair market value greater than \$1,000 at the close of the reporting period or producing income over \$200; and 2) sources of earned income such as salaries, fees, honoraria (other than U.S. Government salary or retirement benefits, such as the Thrift Savings Plan) which generated over \$200 in income during the reporting period. Earned income sources of your spouse must be reported if greater than \$1,000 (greater than \$200 for honoraria). No earned income needs to be reported for dependent children.

Assets include (but are not limited to): stocks, bonds, tax shelters, real estate, mutual funds, pensions, annuities, IRAs, trusts, commodity futures, futures and businesses, and partnership interests.

Exclude your personal residence, unless you rent it out, and deposit accounts in financial institutions. See instructions for additional exclusions.

**Use copies of blank pages for continuation**

Assets and Income Sources (Identify specific employer, business, stock, bond, mutual fund, appreciation of real estate, etc.)	(X) if no longer held	Source of Income (over \$200 (from interest, dividends, capital gains, salary, etc.))	Date (Only for income)
<b>Examples:</b> Rental Condo, Anchorage, Alaska Dec. Jones & Smith, Huntsville, USA (St) Alexandria Medical Clinic, Alexandria, VA Franklin Equity Mutual Fund	X	Rent Salary Salary Dividends/Capital Gains	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

ODG Form 450, 5 CFR Part 2634, Subpart 1  
U.S. Office of Government Ethics (1996)

Employee's Name (Last, first, middle initial) \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Part II: Liabilities** ☐ None

Report for you, your spouse, and dependent children. Liabilities over \$10,000 owed at any time during the reporting period (over \$10,000 at the end of the period if revolving charge accounts). Include a mortgage on your personal residence unless it is used only as a loan for rates, hospital bills, furniture or appliances; and liabilities owed to certain family members (see instructions).

creditor (Name and address)	Type of Liability (Mortgage, credit cards, etc.)
Example: First Alaska Bank, Anchorage, Alaska	Mortgage on rental property in Anchorage, AK
1	
2	
3	

**Part III: Outside Positions** ☐ None

Report any positions, whether or not compensated, which you held outside the U.S. Government during the reporting period. Positions include (but are not limited to) an employee, officer, director, trustee, general partner, proprietor, representative, consultant, or consultant for a business, non-profit or labor organization, or educational institution. Exclude positions with religious, social, fraternal, or political entities or those solely of an honorary nature. You need not report any positions of your spouse or dependent children.

Organization (Name and address)	Type of Organization	Position	(X) = compensated
Example: Dee, Jones & Smith, Hometown, USA	Law Firm	Associate	X
1			
2			
3			
4			

**Part IV: Agreements and Arrangements** ☐ None

Report your agreements or arrangements for current or future employment, losses of salary, continuation of payment by a former employer (including severance payment(s)), or continuing participation in an employee benefit plan.

You need not report agreements or arrangements of your spouse or dependent children.

Terms of Any Agreement or Arrangement	Parties	Date
Example: Will receive retained pension benefits (independently managed, fully funded, defined contribution plan)	Dee, Jones & Smith, Hometown, USA	1/3/95
1		
2		
3		

**Part V: Gifts and Travel Reimbursements** ☐ None

Do not complete this part if you are a new entrant or special Government employee.

Report for you, your spouse, and dependent children gifts or travel reimbursements you have received from one source totaling \$150 or more. Exclude anything valued at \$100 or less; anything received by your spouse or dependent child solely independent of their relationship to you; anything from a relative or from the U.S. Government; anything given to your agency in connection with your official travel; and food, lodging, or entertainment received as personal hospitality at the donor's residence or premises.

Source	Description (For travel-related items, include itinerary)	Date
Example: Dee, Jones & Smith, Hometown, USA	Leather briefcase as a departing gift	1/3/95
1		
2		
3		
4		

## 2.2.2 Questions/Additional Information

1. Do we need approval to duplicate this report?

No

2. Do we print the instruction sheets?

Yes

3. What fields do we fill in?

*Employee's Name*

*Position – hard code the word 'Member'*

*Agency*

*Branch/Unit – display committee title*

*Make the line (box) that contains the agency and branch 3 lines wide so that the committee title can wrap from line to line.*

*The report should output in landscape format.*

*Provide users with the option to display a blank form.*

4. There is a box 'Comments of Reviewing Officials'. Is this data that should be stored in the system? If so, where is the best place to access it?

*No*

5. What are the parameters for this report? Will the user run this report for an entire slate or a single nominee?

*Like voucher parameter form – allow users to select by entire slate or by an individual appointment*

6. Should this report be included in the 'Slate Report' button that prints all existing slate reports?

*Create a new report grouping – 'Personnel Forms'. This grouping should bring up one parameter form where the users will enter the parameters as described above. The parameter form will also list all Personnel forms and allow users to check or uncheck as necessary. The parameter form will default to reports being checked based on SGE or non-SGE appointments. This report is an SGE form and will default to checked for NAC, PAC and BSC committee types.*

7. Are there any role restrictions as to who can access this report?

*IC CMO and OFACP roles only*

8. What is the priority for this item? Should this enhancement be made to the existing system or can it wait for the redesign?

*Redesign*

## **2.3I-9 – Employment Eligibility Verification Form**

### **2.3.1 Existing Requirements**

This requirement comes from the ERA Requirements Business Plan, section 5.17. It is entered in BugCollector as item CM1864. The requirement is as follows:

“The following personnel forms should be created in the CM Module. Users will be able to print these forms for each potential nominee. These forms when printed will show the potential members name, affiliation, and date of birth.”

The I-9 form is 3 pages. Screen images follow.



U.S. Department of Justice Immigration and Naturalization Service		OMB No. 1115-0136 <b>Employment Eligibility Verification</b>	
<b>INSTRUCTIONS</b>			
PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.			
<b>Anti-Discrimination Notice.</b> It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers <b>CANNOT</b> specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.			
<b>Section 1 - Employee.</b> All employees, citizens, noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. <b>The employer is responsible for ensuring that Section 1 is timely and properly completed.</b>		<ul style="list-style-type: none"> <li>• If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:           <ul style="list-style-type: none"> <li>- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),</li> <li>- record the document title, document number and expiration date (if any) in Block C, and</li> <li>- complete the signature block.</li> </ul> </li> </ul>	
<b>Preparer/Translator Certification.</b> The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.		<b>Photocopying and Retaining Form I-9.</b> A blank I-9 may be reproduced provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.	
<b>Section 2 - Employer.</b> For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.		<b>For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.</b>	
Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. <b>Employers must record:</b> 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. <b>However, employers are still responsible for completing the I-9.</b>		<b>Privacy Act Notice.</b> The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).	
<b>Section 3 - Updating and Reverification.</b> Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers <b>CANNOT</b> specify which document(s) they will accept from an employee.		This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.	
<ul style="list-style-type: none"> <li>• If an employee's name has changed at the time this form is being updated/reverified, complete Block A.</li> <li>• If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.</li> </ul>		This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor, and the Office of Special Counsel for Immigration Related Unfair Employment Practices.	
		Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.	
		<b>Reporting Burden.</b> We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service 425 I Street, N.W., Room 5307, Washington, D.C. 20536. OMB No. 1115-0136.	
<b>EMPLOYERS MUST RETAIN COMPLETED I-9</b> <b>PLEASE DO NOT MAIL COMPLETED I-9 TO INS</b>			
Form I-9 (Rev. 11-23-93) N			

<b>U.S. Department of Justice</b>		OMB No. 1115-0136	
Immigration and Naturalization Service		<b>Employment Eligibility Verification</b>	
<p>Please read instructions carefully before completing this form. The instructions must be available during completion of this form. <b>ANTI-DISCRIMINATION NOTICE.</b> It is illegal to discriminate against work eligible individuals. Employers <b>CANNOT</b> specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.</p>			
<b>Section 1. Employee Information and Verification.</b> To be completed and signed by employee at the time employment begins.			
Print Name: Last		First	Middle Initial
Maiden Name			
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p>		<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____)</p> <p><input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission # _____)</p>	
Employee's Signature		Date (month/day/year)	
<p><b>Preparer and/or Translator Certification.</b> (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.</p>			
Preparer/Translator's Signature		Print Name	
Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)	
<b>Section 2. Employer Review and Verification.</b> To be completed and signed by employer. <b>Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s).</b>			
List A	OR	List B	AND List C
Document title: _____		_____	_____
Issuing authority: _____		_____	_____
Document #: _____		_____	_____
Expiration Date (if any): _____		_____	_____
Document #: _____		_____	_____
Expiration Date (if any): _____		_____	_____
<p><b>CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).</b></p>			
Signature of Employer or Authorized Representative		Print Name	Title
Business or Organization Name		Address (Street Name and Number, City, State, Zip Code)	
		Date (month/day/year)	
<b>Section 3. Updating and Reverification.</b> To be completed and signed by employer.			
A. New Name (if applicable)		B. Date of rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.			
Document Title: _____	Document #: _____	Expiration Date (if any): _____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.			
Signature of Employer or Authorized Representative		Date (month/day/year)	
Form I-9 (Rev. 11-21-01) N			

As updated by NIH:

Immigration and Naturalization Service		Employment Eligibility Verification		
<b>Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.</b>				
<b>Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins</b>				
Print Name: Last First Middle Initial		Maiden Name		
Address (Street Name and Number)		Apt. #		
City		State		
Zip Code		Social Security #		
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission # _____)		
Employee's Signature		Date (month/day/year)		
<b>Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.</b>				
Preparer's/Translator's Signature		Print Name		
Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)		
<b>Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)</b>				
List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		_____		_____
<b>CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named: _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).</b>				
Signature of Employer or Authorized Representative		Print Name		Title
Business or Organization Name		Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
National Institutes of Health 9000 Rockville Pike, Bethesda, MD				
<b>Section 3. Updating and Reverification. To be completed and signed by employer</b>				
A. New Name (if applicable)		B. Date of rehire (month/day/year) (if applicable)		
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.				
Document Title: _____		Document #: _____		Expiration Date (if any): ____/____/____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.				
Signature of Employer or Authorized Representative		Date (month/day/year)		
Form I-9 (Rev. 11-21-91) N				

<b>LISTS OF ACCEPTABLE DOCUMENTS</b>			
<b>LIST A</b>		<b>LIST B</b>	<b>LIST C</b>
<b>Documents that Establish Both Identity and Employment Eligibility</b>	<b>OR</b>	<b>Documents that Establish Identity</b>	<b>AND Documents that Establish Employment Eligibility</b>
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certificate of U.S. Citizenship (INS Form N-560 or N-561)		2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Certificate of Naturalization (INS Form N-550 or N-570)		3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization		4. Voter's registration card	
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)		5. U.S. military card or draft record	4. Native American tribal document
6. Unexpired Temporary Resident Card (INS Form I-688)		6. Military dependent's ID card	5. U.S. Citizen ID Card (INS Form I-197)
7. Unexpired Employment Authorization Card (INS Form I-688A)		7. U.S. Coast Guard Merchant Mariner Card	6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
8. Unexpired Reentry Permit (INS Form I-327)		8. Native American tribal document	7. Unexpired employment authorization document issued by the INS (other than those listed under List A)
9. Unexpired Refugee Travel Document (INS Form I-571)		9. Driver's license issued by a Canadian government authority	
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)		<b>For persons under age 18 who are unable to present a document listed above:</b>	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

Form I-9 (Rev. 11-21-91) N

### 2.3.2 Questions/Additional Information

1. Do we need approval to duplicate this report?

*No*

2. Should we print the instruction sheets?

*Yes*

3. What fields should be populated?

*Name*

*Date of Birth*

*SSN*

*Hard code the NIH address in the Business or Organization Name block:*

*NIH*

*9000 Rockville Pike*

*Bethesda, MD 20892*

*Give users the option of printing a blank report with the exception of NIH's address.*

4. What are the parameters for this report? Will the user run this report for an entire slate or a single nominee?

*Just like the voucher form – by an entire slate or by a selected appointment*

5. Should this report be included in the 'Slate Report' button that prints all existing slate reports?

*This report should be on the new 'Personnel Documents' report groups. This report should default to checked with the committee is a NAC, PAC or BSC.*

6. Are there any role restrictions as to who can access this report?

*IC CMO and OFACP roles only*

7. What is the priority for this item? Should this enhancement be made to the existing system or can it wait for the redesign?

*Redesign*

## **2.4 SF 61 – Appointment Affidavit**

### **2.4.1 Existing Requirements**

This requirement comes from the ERA Requirements Business Plan, section 5.17. It is entered in BugCollector as item CM1864. The requirement is as follows:

“The following personnel forms should be created in the CM Module. Users will be able to print these forms for each potential nominee. These forms when printed will show the potential members name, affiliation, and date of birth.”

A screen image of this form is on the following page.

STANDARD FORM 81  
Revised June 1976  
U.S. Office of Personnel Management  
FPMR Chapter 295  
81-108

## APPOINTMENT AFFIDAVITS

\_\_\_\_\_  
(Position to which appointed)

\_\_\_\_\_  
(Date of appointment)

\_\_\_\_\_  
(Department or agency)

\_\_\_\_\_  
(Bureau or Division)

\_\_\_\_\_  
(Place of employment)

I, \_\_\_\_\_, do solemnly swear (or affirm) that--

**A. OATH OF OFFICE**

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same, that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

**B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT**

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

**C. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE**

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

\_\_\_\_\_  
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_,

at \_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

[SEAL]

\_\_\_\_\_  
(Signature of officer)

Commission expires \_\_\_\_\_  
(If by a Notary Public, the date of expiration of his/her Commission should be shown)

\_\_\_\_\_  
(Title)

**NOTE.** -- The oath of office must be administered by a person specified in 5 U.S.C. 2981. The words "So help me God" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavit; only these words may be stricken and only when the appointee elects to affirm the affidavit.

5010-7540 (00-034-4219) \* U.S. Government Printing Office: 1980-321-850/09047 Price: \$3.00/Unit

## 2.4.2 Questions/Additional Information



1. Do we need approval to duplicate this report?

*No*

2. What are the parameters for this report? Will the user run this report for an entire slate or a single nominee?

*Just like the Voucher Report – by an entire slate or by a selected appointment*

3. What fields should be populated?

*Position to which appointed – hard code ‘Member,’ then add the committee title*

*Department or agency – agency field*

*Bureau or division – IC Acronym field*

*Place of Appointment – ‘Bethesda, MD’ for all except for ‘ES’ which is ‘Research Triangle Park, NC’*

*I, \_\_\_\_\_, do solemnly swear – first name + middle name + last name*

4. Should this report be included in the ‘Slate Report’ button that prints all existing slate reports?

*This report should on the new ‘Personnel Documents’ report grouping. It should default to checked for committee types of NAC, PAC or BSC.*

5. Are there any role restrictions as to who can access this report?

*IC CMO and OFACP*

6. What is the priority for this item? Should this enhancement be made to the existing system or can it wait for the redesign?

*Redesign*

## **2.5 OF 306 – Declaration of Federal Employment**

### **2.5.1 Existing Requirements**

This requirement comes from the ERA Requirements Business Plan, section 5.17. It is entered in BugCollector as item CM1864. The requirement is as follows:

“The following personnel forms should be created in the CM Module. Users will be able to print these forms for each potential nominee. These forms when printed will show the potential members name, affiliation, and date of birth.”

A screen image of this report is on the following pages.

September 1994 U.S. Office of Personnel Management		<b>Declaration for Federal Employment</b>		Form Approved: O.M.B. No. 3206-0182 NSN 7540-01-368-7775 50306-101					
<b>GENERAL INFORMATION</b>									
<b>1 FULL NAME</b> ▶			<b>2 SOCIAL SECURITY NUMBER</b> ▶						
<b>3 PLACE OF BIRTH</b> (Include City and State or Country) ▶			<b>4 DATE OF BIRTH</b> (MM/DD/YY) ▶						
<b>5 OTHER NAMES EVER USED</b> (For example, maiden name, nickname, etc.) ▶ ▶			<b>6 PHONE NUMBERS</b> (Include Area Codes) <b>DAY</b> ▶ <b>NIGHT</b> ▶						
<b>MILITARY SERVICE</b>									
<b>7</b> Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "NO".									
<table border="1"><thead><tr><th>Yes</th><th>No</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>						Yes	No		
Yes	No								
If you answered "YES", list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.									
BRANCH		FROM		TO					
				TYPE OF DISCHARGE					
<b>BACKGROUND INFORMATION</b>									
<b>For all questions</b> , provide all additional requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.									
<b>For questions 8, 9, and 10</b> , your answers should include convictions resulting from a plea of nolo contendere ( <i>no contest</i> ), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.									
<b>8</b> During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.									
<table border="1"><thead><tr><th>Yes</th><th>No</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>						Yes	No		
Yes	No								
<b>9</b> Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.									
<table border="1"><tbody><tr><td></td><td></td></tr></tbody></table>									
<b>10</b> Are you now under charges for any violation of law? If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.									
<table border="1"><tbody><tr><td></td><td></td></tr></tbody></table>									
<b>11</b> During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? If "Yes", use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.									
<table border="1"><tbody><tr><td></td><td></td></tr></tbody></table>									
<b>12</b> Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes", use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.									
<table border="1"><tbody><tr><td></td><td></td></tr></tbody></table>									
<b>ADDITIONAL QUESTIONS</b>									
<b>3</b> Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "Yes", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.									
<table border="1"><thead><tr><th>Yes</th><th>No</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>						Yes	No		
Yes	No								
<b>4</b> Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?									
<table border="1"><tbody><tr><td></td><td></td></tr></tbody></table>									

**CONTINUATION SPACE / AGENCY OPTIONAL QUESTIONS**

- 15** Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

**CERTIFICATIONS / ADDITIONAL QUESTION**

**APPLICANT:** If you are applying for a position and have not yet been selected. Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

**APPOINTEE:** If you are being appointed. Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17.

**16** I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

**16a** Applicant's Signature ►  
(Sign in ink)

Date ►

**16b** Appointee's Signature ►  
(Sign in ink)

Date ►

APPOINTING OFFICER: Enter Date of Appointment or Conversion  
►

- 7** Appointee Only (Respond only if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

**17a** When did you leave your last Federal job? .....

**17b** When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? .....

**17c** If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No," use item 15 to identify the type(s) of insurance for which waivers were not cancelled. ....

Date (MM/DD/YY)		
Yes	No	Don't Know

**2.5.2 Questions/Additional Information**

1. Do we need approval to duplicate this report?

*No*

2. Do we include the instructions?

*N/A*

3. What fields do we populate?

*Name*

*SSN*

*Date of Birth*

4. What are the parameters for this report? Will the user run this report for an entire slate or a single nominee?

*Just like the voucher form – by an entire slate or a selected appointment*

5. Should this report be included in the 'Slate Report' button that prints all existing slate reports?

*This report should be on the 'Personnel Documents' report grouping. It should default to yes if the committee type is a NAC, PAC or BSC.*

6. Are there any role restrictions as to who can access this report?

*OFACP or IC CMO*

7. What is the priority for this item? Should this enhancement be made to the existing system or can it wait for the redesign?

*Redesign*

## **2.6 SF 256 – Self-Identification of Handicap**

### **2.6.1 Existing Requirements**

This requirement comes from the ERA Requirements Business Plan, section 5.17. It is entered in BugCollector as item CM1864. The requirement is as follows:

“The following personnel forms should be created in the CM Module. Users will be able to print these forms for each potential nominee. These forms when printed will show the potential members name, affiliation, and date of birth.”

A screen image of this report is on the following pages.

SELF-IDENTIFICATION OF HANDICAP (See Instructions and Privacy Act Information on reverse)			
Last Name, First Name, Middle Initial		Birth Date (Mo./Yr.)	Social Security Number
		ENTER CODE HERE → <input type="text"/>	
<p><b>DEFINITION OF A HANDICAP:</b> A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.</p>			
<p><b>TO THE EMPLOYEE:</b> Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.</p>		<p><b>PARTIAL PARALYSIS</b> (Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)</p>	
<p>01 I do not wish to identify my handicap status. (Please read the employee note above and the reverse side of this form before using this code.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)</p>		<p>61 One hand 62 One arm, any part 63 One leg, any part 64 Both hands 65 Both legs, any part 66 Both arms, any part</p>	
<p>05 I do not have a handicap</p> <p>06 I have a handicap but it is not listed below.</p>		<p>67 One side of body, including one arm and one leg 68 Three or more major parts of the body (arms and legs)</p>	
<p><b>SPEECH IMPAIRMENTS</b></p> <p>13 Severe speech malfunction or inability to speak; hearing is normal (Examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the "voice box"])</p>		<p><b>COMPLETE PARALYSIS</b> (Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)</p>	
<p><b>HEARING IMPAIRMENTS</b></p> <p>15 Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid) 16 Total deafness in both ears, with understandable speech 17 Total deafness in both ears, and unable to speak clearly</p>		<p>70 One hand 71 Both hands 72 One arm 73 Both arms 74 One leg 75 Both legs</p>	
<p><b>VISION IMPAIRMENTS</b></p> <p>22 Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected—"Tunnel vision") 23 Inability to read ordinary size print, not correctable by glasses (Can read oversized print or use assisting devices such as glass or projector magnifier) 24 Blind in one eye 25 Blind in both eyes (No usable vision, but may have some light perception)</p>		<p>76 Lower half of body, including legs 77 One side of body, including one arm and one leg 78 Three or more major parts of the body (arms and legs)</p>	
<p><b>MISSING EXTREMITIES</b></p> <p>27 One hand 28 One arm 29 One foot 30 One leg 31 Both hands or arms 32 Both feet or legs 33 One hand or arm and one foot or leg 34 One hand or arm and both feet or legs 35 Both hands or arms and one foot or leg 36 Both hands or arms and both feet or legs</p>		<p><b>OTHER IMPAIRMENTS</b></p> <p>80 Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery) 81 Heart disease with restriction or limitation of activity 82 Convulsive disorder (e.g., epilepsy) 83 Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia) 84 Diabetes 85 Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma) 86 Kidney dysfunctioning (e.g., if dialysis [Use of an artificial kidney machine] is required) 87 Cancer—a history of cancer with complete recovery 88 Cancer—undergoing surgical and/or medical treatment 89 Mental retardation (A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 212.3162(f) of Schedule A) 90 Mental or emotional illness (A history of treatment for mental or emotional problems) 91 Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back]) 92 Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.]) 93 Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia)</p>	
<p><b>NONPARALYTIC ORTHOPEDIC IMPAIRMENTS</b> (Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)</p> <p>44 One or both hands 45 One or both feet 46 One or both arms 47 One or both legs 48 Hip or pelvis 49 Back 50 Any combination of two or more parts of the body</p>			
<p>256-104 7540-01-026-2848 Previous edition unusable</p> <p style="text-align: right;">Standard Form 256 (Rev. 8/87) U.S. Office of Personnel Management FPM Supplement 235-1</p>			

The Rehabilitation Act of 1973 (P.L. 93-112) requires each agency in the Executive branch of the Federal Government to establish definite programs that will facilitate the hiring, placement, and advancement of handicapped individuals. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given time period; the percentage of handicapped employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the Office of Personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of handicapped individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The handicap data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to the one or two individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the handicap reporting system is entirely voluntary, with the exception of employees appointed under Schedule A, section 213.3102(f) (Mental Retardation); Schedule A, section 213.3102(u) (Severely Physically Handicapped); and Schedule B, section 213.3202(k) (Mentally Restored). These employees will be requested to identify their handicap status and if they decline to do so, their correct handicap code will be obtained from medical documentation used to support their appointment. No other employees will be required to identify their handicap status if they feel for any reason it is not in their best interest to have this information officially recorded outside of medical records. We request only that anyone not wishing to have this information entered in the agency's and OPM's personnel systems indicate this to their Personnel Office, rather than intentionally miscoding themselves, since false responses will seriously damage the statistical value of the reporting system.

[In those instances where the employee is or was hired under Schedule A, section 213.3102(f) (Mental Retardation), the Personnel Director or his/her designee (a Vocational Rehabilitation Counselor may also be helpful) will assist the individual in completing this form and ensure that the employee fully understands the meaning of the form and the options available to him/her, as noted above.]

Employees will be given every opportunity to ensure that the handicap code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their record, by notifying Personnel any time their handicap status changes, and by initiating action in either of these cases to have the necessary changes made to their records. The code carried on employees in their agency's system will be identical to that carried in OPM's system, and any change to the agency records will result in the same change being made to OPM's records.

#### PRIVACY ACT STATEMENT

Collection of the requested information is authorized by the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of handicapped individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform agency top management, the Office of Personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to ensure that your correct handicap code is recorded along with the other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other of the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

Employees appointed under Schedule A, section 213.3102(f) (Mental Retardation), Schedule A, section 213.3102(u) (Severely Physically Handicapped), or Schedule B, section 213.3202(k) (Mentally Restored) are requested to furnish an accurate handicap code, but failure to do so will have no effect on them. Where employees hired under one of these appointments fail to disclose their handicap, however, the appropriate code will be determined from the employee's existing records or medical documentation submitted to justify the appointment.



**2.6.2 Questions/Additional Information**

1. Do we need approval to duplicate this report?

*No*

2. Do we include the instructions?

*Yes*

3. What fields do we populate?

*Name*

*Date of Birth*

*SSN*

4. What are the parameters for this report? Will the user run this report for an entire slate or a single nominee?

*Just like the voucher form – for an entire slate or a selected appointment*

5. Should this report be included in the 'Slate Report' button that prints all existing slate reports?

*This report should appear on the 'Personnel Documents' report grouping. It should default to checked when the committee type is a NAC, PAC or BSC.*

6. Are there any role restrictions as to who can access this report?

*IC CMO and OFACP roles only*

7. What is the priority for this item? Should this enhancement be made to the existing system or can it wait for the redesign?

*Redesign*

## **2.7 FMS Form 2231 – Direct Deposit Form**

### **2.7.1 Existing Requirements**

This requirement comes from the ERA Requirements Business Plan, section 5.17. It is entered in BugCollector as item CM1864. The requirement is as follows:

“The following personnel forms should be created in the CM Module. Users will be able to print these forms for each potential nominee. These forms when printed will show the potential members name, affiliation, and date of birth.”

A screen image of this report follows.

**DIRECT DEPOSIT****INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS**

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1, 2, 3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

**1. EMPLOYEE INFORMATION**

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER










EMPLOYEE NAME  
(as on payroll records)
















(Last, First, Initials)

TELEPHONE NUMBER (WORK)









(HOME)








**2. TYPE OF ACCOUNT**

- ☐ Checking  
☐ Savings

**TYPE OF PAYMENT**

- ☐ Net Pay  
☐ Travel  
☐ Other Federal  
 employment related  
 payments

**3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)**

A voided personal check/sharedraft may be attached in lieu of completing this section.  
 See instructions on back of this form.

ROUTING TRANSIT  
NUMBER








Check Digit

ACCOUNT NUMBER

















ACCOUNT TITLE

(Account Holder's Name)

FINANCIAL INSTITUTION NAME

**4. ALLOTMENT INFORMATION**

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT  
(Check One)

- ☐ Savings (whole dollar amounts only)  
☐ Discretionary or Third Party

TYPE OF ACCOUNT  
(Check One)

- ☐ SAVINGS  
☐ CHECKING

ACTION  
(Check One)

- ☐ START  
☐ CANCEL  
☐ CHANGE

AMOUNT  
(Check One)

- ☐ INCREASE TO:  
☐ DECREASE TO:  
 New Total \$:

ALLOTTEE NAME

(person/company who  
will receive allotment)
















ALLOTTEE'S ROUTING NUMBER









Check Digit

ALLOTTEE'S ACCOUNT NUMBER

















ALLOTTEE'S ACCOUNT TITLE

(Account Holder's Name)

FINANCIAL INSTITUTION NAME

**5. AUTHORIZATION**

EMPLOYEE'S SIGNATURE

DATE

**6. AGENCY USE:**

FMS FORM 2231

EDITION OF 4-90 IS OBSOLETE

AGENCY COPY

DEPARTMENT OF THE TREASURY  
FINANCIAL MANAGEMENT SERVICE

**PRIVACY ACT STATEMENT**  
The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

### INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

#### PURPOSE

You may use this form to provide instructions for processing your net salary. You may also use this form to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.

1. EMPLOYEE INFORMATION (always complete this section)
2. TYPE OF ACCOUNT/PAYMENT (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)
3. DIRECT DEPOSIT ACCOUNT INFORMATION  
ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)  
ACCOUNT NUMBER (your account number at your financial institution)  
ACCOUNT TITLE (the depositor's name on the account at the financial institution)  
FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

3 NAME OF DEPOSITOR STREET ADDRESS CITY, STATE			101
PAY TO THE ORDER OF: _____ \$ _____			19
_____ DOLLARS			
4	NAME OF YOUR BANK		
5	Payable Through Another Bank		
For _____			
ROUTING NUMBER		ACCOUNT NUMBER	CHECK NUMBER
1		2	

1. ROUTING TRANSIT NUMBER - Here you would put "021001082"

2. ACCOUNT NUMBER - Here you would put "123 456 789". Note the use of the dash symbol. (Include dashes where the symbol appears on the check or card)

3. ACCOUNT TITLE (must include employee name)

4. FINANCIAL INSTITUTION NAME

5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

#### 4. ALLOTMENT INFORMATION

##### ALLOTMENT TYPE

**SAVINGS** (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee). Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

**DISCRETIONARY OR THIRD PARTY** (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

**TYPE OF ACCOUNT** (Put an "X" in the appropriate space to indicate a checking or savings account)

**ACTION** (Put an "X" in the appropriate space to indicate start/cancel/change)

**AMOUNT** (Put an "X" in appropriate space to indicate if an allotment is an increase, decrease and always indicate \$ amount.)

**ALLOTTEE'S ROUTING NUMBER:** Enter person's/company financial institution 9-digit routing transit number.

**ALLOTTEE'S ACCOUNT NUMBER:** Enter the account number to which the allotment payment will be deposited.

**ALLOTTEE'S ACCOUNT NUMBER:** Enter account holder's name on the account at the financial institution.

**FINANCIAL INSTITUTION NAME:** Enter the name of the financial institution to which the payment should be sent.

#### 5. AUTHORIZATION

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

#### 6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.

☆ U.S.G.P.O.: 1996-716-889

**2.7.2 Questions/Additional Information**

1. Do we need approval to duplicate this report?

*No*

2. Do we include the instructions?

*Yes*

3. What fields do we populate?

*None*

4. What are the parameters for this report? Will the user run this report for an entire slate or a single nominee?

*Just like the voucher report – for an entire slate or a selected appointment*

5. Should this report be included in the 'Slate Report' button that prints all existing slate reports?

*This report should be on the 'Personnel Documents' report grouping. It should default to checked if the committee type is a NAC, PAC or BSC.*

6. Are there any role restrictions as to who can access this report?

*IC CMO or OFACP roles only*

7. What is the priority for this item? Should this enhancement be made to the existing system or can it wait for the redesign?

*Redesign*

## **2.8 Applicant's Statement of Selective Service Registration Status**

### **2.8.1 Existing Requirements**

This requirement comes from the ERA Requirements Business Plan, section 5.17. It is entered in BugCollector as item CM1864. The requirement is as follows:

“The following personnel forms should be created in the CM Module. Users will be able to print these forms for each potential nominee. These forms when printed will show the potential members name, affiliation, and date of birth.”

A screen image of this document follows.

**APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS**

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must be registered with the Selective Service System, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for appointment by executive agencies of the Federal Government.

**CERTIFICATION OF REGISTRATION STATUS**

Check one:

- ☐ I certify that I am registered with the Selective Service System.
- ☐ I certify I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law.
- ☐ I certify I have not registered with the Selective Service System.
- ☐ I certify I have not reached my 18<sup>th</sup> birthday and understand I am required by law to register at that time.

**NON-REGISTRANTS UNDER AGE 26**

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office, or consular office if you are outside the United States.

**NON-REGISTRANTS AGE 26 OR OVER**

If you were born in 1960 or later, are 26 years of age or older and were required to register but did not do so, you can no longer register under Selective Service law. Accordingly, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with any explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

**PRIVACY ACT STATEMENT**

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

**FALSE STATEMENT NOTIFICATION**

A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment. (Section 1001 of title 18, United States Code)

\_\_\_\_\_  
Legal signature of individual (please use ink)

**2.8.2 Questions/Additional Information**

1. Do we include the instructions?

*Yes*

2. There are no fields to populate. Do we add the name, SSN, etc?

*Blank form only*

3. What are the parameters for this report? Will the user run this report for an entire slate or a single nominee?

*Just like the voucher report – for an entire slate or a selected appointment*

4. Should this report be included in the ‘Slate Report’ button that prints all existing slate reports?

*Include this report on the ‘Personnel Documents’ report grouping. It should default to checked if the committee type is a NAC, PAC or BSC.*

5. Are there any role restrictions as to who can access this report?

*IC CMO and OFACP roles only*

6. What is the priority for this item? Should this enhancement be made to the existing system or can it wait for the redesign?

*Redesign*



## **2.9 Administrative Fact Sheet - NIH Committees Funded by SREA**

### **2.9.1 Existing Requirements**

This requirement comes from the ERA Requirements Business Plan, section 5.17. It is entered in BugCollector as item CM1864. The requirement is as follows:

“The following personnel forms should be created in the CM Module. Users will be able to print these forms for each potential nominee. These forms when printed will show the potential members name, affiliation, and date of birth.”

The following is the text from this report:

ADMINISTRATIVE FACT SHEET FOR NIH COMMITTEES FUNDED BY  
SCIENTIFIC REVIEW AND EVALUATION AWARDS

Membership on an initial peer review committee is subject to prescribed procedures applicable to all officially established advisory committees of NIH.

In connection with your membership, please complete the enclosed NIH 2660-1 (Consultant Information for the NIH Consultant File). The Federal Advisory Committee Act (5 U.S.C. App. 2) requires that NIH maintain current information on the members of each of its advisory committees. The purpose of this form is to collect information to identify potential/current consultants for NIH advisory committees and provide statistical reporting. The information will become part of a computerized system of records used only by authorized NIH staff seeking candidates for membership on NIH committees and for other peer review activities. Please complete the form as explained in the accompanying instructions.

CONFLICT OF INTEREST

Prior to each meeting you will receive the document, *Conflict of Interest, Confidentiality and Non-Disclosure Rules and Information*, as well as a list of applications/proposals to be reviewed at the meeting. Based on this list, you will be required to sign an NIH Pre-Review Certification Form indicating whether you do or do not have a conflict. Similarly, at the end of each meeting you will be required to sign an NIH Post-Review Certification Form.

For your information, we are enclosing a copy of the Conflict of Interest portion from the PHS Regulations governing the Scientific Peer Review of Grant Applications and Research and Development Contract Projects. These regulations preclude members of peer review committees from participating in the review of any matter in which they, their spouse, parent, child, partner, close professional associate, or any organization with which they are associated has a financial interest. When in doubt, you should seek a determination from the Scientific Review Administrator. We recommend that you read the regulations and become familiar with their provisions.

REIMBURSEMENT/COMPENSATION

Initial review committees usually meet three times a year in Bethesda, Maryland. Members are compensated (through a Scientific Review and Evaluation Award) \$200 per day for time spent at meetings or on site visits. In addition, members are allowed travel expenses and per diem while serving away from their place of residence. The per diem rate is determined by the location of the meeting.

The NIH is required, under the Federal Tax Regulations (Section 1.6041 of Title 26, Code of Federal Regulations), to provide you with an annual statement of miscellaneous income for all income aggregating \$600 or more for one calendar year, including fees paid to you by NIH for consultative services, travel expenses, and per diem. This information must be conveyed to you no later than February 28 of each year by means of a "Statement for Recipients of Miscellaneous Income."

You may want to keep a separate record of your expenses relating to this income for use in preparing your annual tax return.

The following sentence was missed in the scan:

If you have any questions regarding these forms, please call [Name of ICD CMO] at [area code + telephone number] for assistance.

OFACP

4/11/00

## 2.9.2 Questions/Additional Information

1. Will the name of the IC CMO come from the Cmte Admin screen?

*Yes*

2. If so, will the phone number come from that person's person record? Which address do we use to get the phone number?

*From the WRK address*

3. Do we print the nominee name, affiliation and date of birth on this document someplace? If so, where? What do you mean by affiliation?

*No*

4. What are the parameters for this report? Will the user run this report for an entire slate or a single nominee?

*Like the voucher report – for an entire slate or a selected appointment*

5. Should this report be included in the 'Slate Report' button that prints all existing slate reports?

*Include on the 'Personnel Documents' report grouping. This report should default to checked if the committee type is an IRG.*

6. Are there any role restrictions as to who can access this report?

*OFACP and IC CMO roles only.*

7. What is the priority for this item? Should this enhancement be made to the existing system or can it wait for the redesign?

*Redesign. Give OFACP the functionality of being able to update the text for this fact sheet.*

## **2.10 Administrative Fact Sheet - SGE Serving NIH Advisory Committees**

### **2.10.1 Existing Requirements**

This requirement comes from the ERA Requirements Business Plan, section 5.17. It is entered in BugCollector as item CM1864. The requirement is as follows:

“The following personnel forms should be created in the CM Module. Users will be able to print these forms for each potential nominee. These forms when printed will show the potential members name, affiliation, and date of birth.”

The following is the text from this report:

## NATIONAL INSTITUTES OF HEALTH

## ADMINISTRATIVE FACT SHEET FOR SPECIAL GOVERNMENT EMPLOYEES

An appointment on an NIH Advisory Council, Board of Scientific Counselors, or Program Advisory Committee requires NIH to appoint you as a Special Government Employee (SGE)<sup>1</sup>. Federal laws and regulations require Government employees, which includes SGEs, to complete certain forms in relation to their Government service. These laws include the Ethics Reform Act of 1989, Immigration Reform and Control Act of 1986, Debt Collection Improvement Act of 1996, and Civil Service Employment Law. Your appointment as an advisory committee member is not final until we receive all the completed forms listed below and review the information that you provide. Additional details and information about completing the forms are provided in this document. So that we may finalize your appointment, please complete and return the following forms in the envelope provided:

- **Executive Branch Confidential Financial Disclosure Report (OGE 450)**
- **Employment Eligibility Verification (I-9)**
- **Appointment Affidavit (SF 61)**
- **Declaration for Federal Employment (OF 306)**
- **Self-Identification of Handicap (SF 256)**
- **Direct Deposit (FMS Form 2231)**
- **Applicant's Statement of Selective Service Registration Status**

**ADDITIONAL INFORMATION REGARDING THE EXECUTIVE BRANCH  
CONFIDENTIAL FINANCIAL DISCLOSURE REPORT (OGE 450)**

Your appointment is contingent upon careful consideration of the information you provide. If for any reason you are not selected to serve on the committee, your completed form OGE 450 will be returned to you.

We are required by the Privacy Act to disclose the following information to you prior to your completion of the form OGE 450:

- The Ethics Reform Act requires the collection of the information requested on this form. Your disclosure of the information requested is mandatory if you wish to be considered for membership.
- The information you disclose on this form will be used to determine whether there is an actual or apparent conflict between your employment and financial interests and your appointment.
- Your information will remain confidential in the Committee Management Office and seen only by designated Government officials. The designated officials will review this information prior to each advisory committee meeting to help identify any potential conflict of interest situation which may arise. The information being solicited will be treated in a manner compliant with the Privacy Act. The information you provide will not be released to the public except by court order or by request of the U.S. Congress.
- **You will be required to update the information you provide on the form OGE 450 prior to each advisory committee meeting until the completion of your term.** A copy of the form, along with a form for verification of the information, will be sent to you prior to each meeting.

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<sup>1</sup>A Special Government Employee is defined as an employee who is retained, designated, appointed, or employed to perform temporary duties either on a full-time or intermittent basis, with or without compensation, for a period not to exceed 130 days during any consecutive 365-day period. 18 U.S.C. 202.

In addition to the instructions listed on the OGE 450 form and the supplemental instructions for reporting non-Federal research/training support, please note the following:

- If you were not married or had no dependent children during the reporting period, please indicate this fact as a note at the bottom of the report.
- Income includes foreign employment, summer and part-time employment, compensated membership on advisory boards of organizations, and consultant fees.
- Assets and Income include royalty agreements with, or stock ownership or options in, such organizations as, research institutions, drug companies, and companies that provide services to such organizations.
- When indicating stock holdings, indicate the company's full name and the nature of the business when not obvious. For mutual funds concentrated in a particular geographic area or economic sector, indicate the area or industry in which the fund is primarily invested.
- If you or your spouse have control over assets from an employer-sponsored pension, you must list any underlying investment holdings; for all other employer-sponsored pension plans, you just need to indicate the name of the employer who sponsors the plan.

Your OGE 450 form must be completed or updated prior to each meeting before you can participate in an advisory committee meeting. The Ethics Reform Act provides that any individual who knowingly or willfully falsifies or fails to report the required information may be subject to criminal or administrative sanctions. You may be contacted for additional information if it is determined that the filed report fails to provide adequate information for a meaningful analysis of real or apparent conflicts of interest.

#### ADDITIONAL INFORMATION REGARDING THE PERSONNEL FORMS

The Employment Eligibility Verification (I-9) and the Appointment Affidavit (SF 61) must be notarized. The National Institutes of Health will allow a notary public to act as its agent for examination and verification of document(s) required to complete these forms. It is requested that you appear before a notary with the appropriate documentation and have the notary complete the forms according to the instructions.

The Declaration for Federal Employment (OF 306), Self-Identification of Handicap (SF 256), Direct Deposit (FMS Form 2231), and Applicant's Statement of Selective Service Registration Status are also required to complete your appointment as an advisory committee member. These forms, however, do not have to be notarized. Please return the completed forms with the other forms in the enclosed envelope.

If you have any questions regarding these forms, please call [Name of IC CMO or other appropriate official] at [area code + telephone number] for assistance.

#### STANDARDS OF ETHICAL CONDUCT/CONFLICT OF INTEREST

The Office of Government Ethics published Standards of Ethical Conduct for Employees of the Executive Branch which became effective on February 3, 1993, for all Government employees, including SGEs. This Final Rule established

uniform standards of ethical conduct relating to many aspects of Federal Government employment, including conflicts of interest and the use of one's official position. As an SGE of the NIH, these Standards apply to you and should be reviewed carefully. The Office of Government Ethics "Standards of Ethical Conduct for Employees of the Executive Branch" are available at the following website address:

<http://ethics.od.nih.gov/>

You are also required by Office of Government Ethics regulations to receive annual ethics training. Since on-site training is not always practical, this year's annual training requirement is being fulfilled by the distribution of the enclosed materials for your review:

"Ethics Rules for Advisory Committee Members and Other Individuals Appointed as Special Government Employees (SGEs)"

"Summary of Workplace Rules for New HHS Employees"

"Conflict of Interest Basics for New HHS Employees"

This training material is also available at the website address noted above.

The criminal laws preclude an SGE from participating as a Government employee in any particular matter in which, to his/her knowledge, they, their spouse, minor child, partner, or organization which they serve as officer, director, trustee, general partner, or employee has a financial interest.

Whenever your participation in committee deliberations on a product, program, project or other particular matter would constitute a conflict of interest or create the appearance of one, it is incumbent upon you to so advise the Executive Secretary and abstain from any participation in discussion or action regarding that matter. When in doubt, you should seek a determination from the Executive Secretary of your committee.

#### EMOLUMENTS CLAUSE OF THE U.S. CONSTITUTION

The Emoluments Clause of the United States Constitution applies to all U.S. Government employees, including you while you serve as a SGE. The Emoluments Clause **applies at all times during your appointment as an SGE** and not just the periods of time during your actual duty on behalf of NIH. During your advisory committee appointment, you cannot be an employee of a foreign government entity. You cannot receive any present, emolument, office, or title of any kind whatsoever from a foreign state. You cannot accept concurrent outside employment with a foreign government or a political subdivision of a foreign government, including certain public universities or commercial enterprises owned or operated by a foreign government. An emolument includes salary, honoraria, transportation, per diem allowances, household goods shipment costs, and housing allowances. Certain gifts and travel expenses outside the United States may be authorized by the Foreign Gifts and Decorations Act.

You can be an employee of, or receive presents or emoluments from a non-government foreign entity or an international organization of which the U.S. is a member.

If you need further information about the Emoluments Clause or if you have a conflict with this Statute, please contact the committee's Executive Secretary.

#### REIMBURSEMENT/COMPENSATION

Members are compensated at the rate of \$200 per day for time spent at meetings and site visits and, in addition, are reimbursed for travel expenses and per diem incurred in connection with those activities. Members are paid the consultant fee through the government payroll system. Social Security (except

for non-citizens) and Federal Income taxes will be deducted, and a W-2 Form, Wage and Tax Statement, will be provided no later than January 31 each year. A separate payment will be processed for reimbursement of travel expenses and per diem. It is suggested that you retain a copy of the submitted record of travel expenses after each meeting. The per diem rate is determined by the location of the meeting.

OFACP  
08/22/2001

### 2.10.2 Questions/Additional Information

1. Do we print the nominee name, affiliation and date of birth on this document someplace? If so, where? What do you mean by affiliation?

*No.*

2. What are the parameters for this report? Will the user run this report for an entire slate or a single nominee?

*Just like the Voucher Report – by an entire slate or for a selected nominee.*

3. Should this report be included in the 'Slate Report' button that prints all existing slate reports?

*Add to the new 'Personnel Documents' report grouping. This report should default to checked if the committee is a NAC, PAC or BSC.*

4. Are there any role restrictions as to who can access this report?

*OFACP and IC CMO*

5. What is the priority for this item? Should this enhancement be made to the existing system or can it wait for the redesign?

*Redesign. Give OFACP the functionality of editing the text for this fact sheet.*



## **2.11 Female/Minority Report for Temporary Members, IC Specific**

### **2.11.1 Existing Requirements**

This requirement comes from the ERA Requirements Business Plan, section 5.13. It is entered in BugCollector as item CM2278. The requirement is as follows:

“A report to capture female/minority statistics on advisory committee members serving as a 'temporary member' on an 'initial review group. There will be 2 separate reports created. 1) IC specific report 2) Report Generated for all NIH committees.

Note: The report format should look the same as the Standing Member Female/Minority Report.

Specifications:

Member Type = Temporary

Committee Type = IRG

Race Codes

Gender Code

Display fields: IC, Committee, Flex Name, Type, NIH/NON-NIH, Committees Active/Inactive/All, Appointing Authority, Race Codes/Type”

For your reference, below is a sample of the Female/Minority Report, version 1.

NIH ADVISORY COMMITTEES SUMMARY NATIONAL INSTITUTE OF MENTAL HEALTH - MH Female/Minority Report as of 12/31/2001																					
Name	Subcommittee	Actual	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Total	Female	Type of Committee	
National Advisory Mental Health Council																					
	18	14	3	3	8	8	8	1	0	1	0	1	0	0	0	0	11	3	8	NAC	
			21.4%	21.4%	21.4%	9.0%	9.0%	9.0%	1.1%	0.0%	1.1%	0.0%	1.1%	0.0%	0.0%	0.0%	78.6%	21.4%	0.0%	0.0%	
Board of Scientific Counselors, National Institute of Mental Health																					
	12	3	1	0	8	8	0	0	0	0	0	0	0	0	0	0	3	1	8	BSC	
			25.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	33.3%	0.0%	0.0%	
Colwell's BG																					
	188	8	5	5	8	8	0	1	1	1	1	2	1	1	0	0	1	8	2	BG	
			6.0%	59.6%	59.6%	59.6%	0.0%	0.0%	11.1%	11.1%	11.1%	20.0%	11.1%	11.1%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	
National Institute of Mental Health Initial Review Group																					
	85	8	0	0	8	8	0	0	0	0	0	0	0	0	0	0	8	8	0	RG	
			0.0%	0.0%	9.0%	9.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
SUBTOTALS	4	180	28	9	8	3	0	2	1	2	1	2	1	1	0	0	18	4	2	0	
			14.4%	50.0%	50.0%	10.0%	0.0%	0.0%	7.7%	9.0%	7.7%	9.0%	11.9%	9.0%	9.0%	0.0%	57.7%	15.4%	1.7%	0.0%	
National Institute of Mental Health Special Emphasis Panel																					
	888	262	130	60	18	8	42	14	43	18	28	10	2	0	0	0	682	227	68	0	
			29.2%	15.5%	0.0%	1.0%	8.8%	4.8%	9.8%	2.1%	4.0%	1.0%	0.0%	0.0%	0.0%	0.0%	75.8%	25.2%	1.9%	0.0%	
SUBTOTALS	1	898	292	132	68	19	42	14	43	18	28	10	2	0	0	0	691	227	68	0	
			32.2%	15.0%	0.0%	1.0%	9.8%	4.8%	9.8%	2.1%	4.0%	1.0%	0.0%	0.0%	0.0%	0.0%	75.8%	25.8%	1.9%	0.0%	
TOTALS	5	964	311	141	53	19	8	44	15	45	19	39	11	3	0	0	888	291	70	0	
			32.2%	18.0%	0.0%	1.7%	8.8%	8.0%	1.7%	3.1%	2.1%	4.8%	1.2%	0.0%	0.0%	0.0%	78.2%	28.1%	7.8%	0.0%	

Explanation of abbreviations:  
NAC: American Indian or Alaska Native, American born people of any of the original peoples of North and South America (including Mexico, Central, and South America) whose ancestry is traced to the original peoples of North and South America (including Mexico, Central, and South America).  
BSC: Board of Scientific Counselors, National Institute of Mental Health.  
BG: Board of Governors, National Institute of Mental Health.  
RG: Research Group, National Institute of Mental Health.  
SE: Special Emphasis Panel, National Institute of Mental Health.  
SUBTOTALS: Subtotal for all committees.  
TOTALS: Total for all committees.  
Type of Committee: NAC, BSC, BG, RG, SE, SUBTOTALS, TOTALS.

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## 2.11.2 Questions/Additional Information

- Do we use the same logic as we do for the Female/Minority Report, version 1 with the exception of selecting ONLY members with a member type of TMP?

Yes

- Do we use the same layout as the Fem/Min Report, version 1?

Yes

- Do we use the same parameters as the Fem/Min Report, version 1?

Agency, IC, Start Date, End Date

Yes

- What is the priority for this item? Should this enhancement be made to the existing system or can it wait for the redesign?

Redesign

## **2.12 Female/Minority Report for Temporary Members, All NIH Committees**

### **2.12.1 Existing Requirements**

This requirement comes from the ERA Requirements Business Plan, section 5.13. It is entered in BugCollector as item CM2279. The requirement is as follows:

“A report to capture female/minority statistics on advisory committee members serving as a 'temporary member' on an 'initial review group. There will be 2 separate reports created. 1) IC specific report 2) Report Generated for all NIH committees.

Note: The report format should look the same as the Standing Member Female/Minority Report.

Specifications:

Member Type = Temporary

Committee Type = IRG

Race Codes

Gender Code

Display fields: IC, Committee, Flex Name, Type, NIH/NON-NIH, Committees Active/Inactive/All, Appointing Authority, Race Codes/Type”

For your reference, below is are screen images of the Female/Minority Report, version 2.

NH ADVISORY COMMITTEES SUMMARY FEMALE/MINORITY REPORT AS OF 12/31/2001																			
Appointing Office	No. of Candidates	Positions Authorized/Actual	Total Female	Minorities Total	Female	AA Total	Female	W Total	Female	NP Total	Female	MR Total	Female	VR Total	Female	U Total	Female	PW Total	Female
President	5	257	48	16	16	11	0	1	0	0	0	0	0	0	0	0	0	0	0
			18.8%	36.7%	36.7%	20.6%	6.1%	2.0%	10.2%	6.1%	6.1%	6.1%	10.2%	6.1%	2.0%	0.0%	0.0%	66.3%	12.2%
Secretary	48	788	218	128	88	32	4	1	16	6	40	17	36	8	1	0	0	220	86
			28.2%	17.2%	27.6%	13.2%	1.2%	0.2%	9.2%	1.8%	10.8%	9.8%	7.7%	2.8%	0.2%	0.0%	0.0%	71.8%	35.8%
1. Executive Committee																			
NH Director	118	4592	2718	873	487	198	13	1	287	87	102	42	115	39	4	1	1	0	1000
			52.4%	37.8%	23.5%	7.1%	0.8%	0.8%	10.1%	9.2%	4.8%	2.8%	5.4%	1.8%	0.2%	0.4%	0.0%	65.1%	34.9%
IC Director or Designee	7	288	267	78	38	18	8	0	25	10	10	5	6	0	0	0	0	182	51
			89.8%	20.8%	18.8%	7.7%	0.8%	0.0%	10.1%	6.8%	6.8%	2.8%	1.8%	0.0%	0.0%	0.0%	0.0%	78.3%	34.8%
TOTALS*	118	5387	3384	889	628	258	19	2	322	98	118	58	118	50	5	1	1	0	2287
			68.8%	33.1%	23.9%	7.7%	0.7%	0.7%	11.3%	3.2%	6.8%	2.8%	6.8%	1.8%	0.2%	0.0%	0.0%	70.1%	38.0%

\*Does not include Special Emphasis Panels

Operational Review Code  
 (A) American Indian or Alaska Native: American having origins among the original inhabitants of North and South America (including Guinean descent), and who maintain affiliation or community participation.  
 (B) Asian: A person having origins among the original inhabitants of the Far East, Southeast Asia, or the Indian subcontinent (including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).  
 (C) Black or African American: A person having origins in any of the black racial groups of Africa.  
 (D) Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Guatemalan, or Spanish descent or origin, regardless of race.  
 (E) Native Hawaiian or Other Pacific Islander: A person having origins among the original inhabitants of Hawaii, Guam, Samoa, or other Pacific Islands.  
 (F) White: A person of European descent.  
 (G) Unknown: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.  
 (H) Unavailable/Unknown  
 (I) Unavailable

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NH ADVISORY COMMITTEES SUMMARY FEMALE/MINORITY REPORT AS OF 12/31/2001																			
Type of Committee	No. of Candidates	Positions Authorized/Actual	Total Female	Minorities Total	Female	AA Total	Female	W Total	Female	NP Total	Female	MR Total	Female	VR Total	Female	U Total	Female	PW Total	Female
National Advisory Council/Boards	38	807	280	178	78	30	3	1	10	0	30	10	22	8	1	0	0	230	80
			47.8%	40.1%	27.4%	13.8%	1.1%	0.4%	6.8%	1.8%	12.8%	6.8%	8.1%	2.8%	0.4%	0.0%	0.0%	71.8%	38.8%
Program Advisory Committees/Councils (Without Direct Review)	33	480	187	88	55	21	4	1	15	9	21	12	9	4	0	0	0	141	55
			49.8%	42.1%	27.8%	12.7%	2.8%	0.8%	7.8%	4.8%	12.7%	8.8%	4.8%	2.8%	0.0%	0.0%	0.0%	71.8%	37.8%
Divisions of Scientific Councils	28	248	148	48	32	6	0	0	10	2	0	0	0	1	0	0	1	111	48
			60.8%	30.2%	21.5%	9.4%	0.8%	0.8%	18.1%	1.8%	0.8%	1.8%	0.0%	0.8%	0.0%	0.0%	0.0%	68.8%	38.8%
Interagency NSC NSC	88	1817	713	287	178	71	8	0	82	22	37	22	30	22	0	1	0	0	322
% to NSC Total			42.5%	31.4%	25.1%	13.8%	9.7%	0.8%	9.7%	3.1%	8.8%	3.8%	7.8%	3.2%	0.1%	0.1%	0.0%	71.8%	38.8%
NSC CSB	21	2280	1033	673	388	14	7	1	184	47	27	12	56	14	0	0	0	1942	392
% to NSC Total			67.8%	28.2	21.8%	6.8%	0.8%	0.1%	14.8%	2.8%	2.8%	6.8%	4.4%	1.1%	0.0%	0.0%	0.0%	78.2%	32.7%
Total - NSCs	87	4097	2046	844	480	148	12	1	258	69	64	27	106	27	0	1	0	1254	480
% to TOTAL NSCs			58.8%	28.2%	22.7%	7.7%	0.8%	0.8%	10.8%	3.4%	4.7%	1.8%	9.3%	1.8%	0.2%	0.0%	0.0%	78.8%	33.8%
TOTAL	118	5387	3384	889	628	257	19	2	322	98	118	58	118	50	5	1	1	0	2287
			68.8%	33.1%	23.9%	7.7%	0.7%	0.7%	11.3%	3.2%	6.8%	2.8%	6.8%	1.8%	0.2%	0.0%	0.0%	70.1%	38.0%

Operational Review Code  
 (A) American Indian or Alaska Native: American having origins among the original inhabitants of North and South America (including Guinean descent), and who maintain affiliation or community participation.  
 (B) Asian: A person having origins among the original inhabitants of the Far East, Southeast Asia, or the Indian subcontinent (including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).  
 (C) Black or African American: A person having origins in any of the black racial groups of Africa.  
 (D) Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Guatemalan, or Spanish descent or origin, regardless of race.  
 (E) Native Hawaiian or Other Pacific Islander: A person having origins among the original inhabitants of Hawaii, Guam, Samoa, or other Pacific Islands.  
 (F) White: A person of European descent.  
 (G) Unknown: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.  
 (H) Unavailable/Unknown  
 (I) Unavailable

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NIH ADVISORY COMMITTEES SUMMARY FEMALE/MINORITY REPORT AS OF 12/31/2001																			
Type of Committee	No. of Committees	Positions Authorized	Actual	Total	Minorities Total	Female Total	Minorities Female	Black Total	Black Female	Hispanic Total	Hispanic Female	Asian Total	Asian Female	NP Total	NP Female	MR Total	MR Female	VI Total	VI Female
SEF/CO	21	7278	2044	678	270	31	16	463	134	202	99	109	27	4	9	9	9	4852	1322
% to CO Total			27.8%	12.2%	3.8%	0.4%	0.2%	6.8%	1.8%	2.8%	1.2%	2.2%	0.4%	0.1%	0.0%	0.0%	0.0%	66.2%	19.1%
SEF/COB	4	8888	2098	678	263	33	13	634	128	127	64	170	67	1	0	0	0	8888	1485
% to COB Total			23.5%	11.1%	3.8%	0.3%	0.1%	7.0%	1.5%	1.4%	0.9%	2.0%	0.8%	0.0%	0.0%	0.0%	0.0%	63.0%	16.4%
Total - SEF/CO	26	18176	4342	1356	533	64	29	1117	262	329	163	327	104	5	9	9	9	15640	2807
% to TOTAL SEF/CO			23.8%	11.8%	3.3%	0.3%	0.2%	6.8%	1.8%	2.7%	0.9%	2.7%	0.6%	0.0%	0.0%	0.0%	0.0%	63.0%	17.2%
TOTAL	263	6387	18833	6231	2482	788	73	32	1420	388	436	270	488	16	1	1	0	12682	2427
			27.8%	12.2%	4.0%	0.4%	0.2%	7.8%	1.8%	2.8%	1.7%	2.8%	0.9%	0.1%	0.0%	0.0%	0.0%	66.2%	19.8%

Departmental Reporting Codes:  
 (A) American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains affiliation or community participation.  
 (B) Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).  
 (C) Black or African American: A person having origins in any of the black racial groups of Africa.  
 (D) Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, or other Hispanic or Latino ancestry, regardless of race.  
 (E) Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  
 (F) Not a Reporting Category  
 (G) White: A person of European descent.  
 (H) Other: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  
 (I) Unknown/Not Reported  
 (J) Unknown

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## 2.12.2 Questions/Additional Information

1. Do we use the same logic as we do for the Female/Minority Report, version 2 with the exception of selecting ONLY members with a member type of TMP?

Yes

2. Do we use the same layout as the Fem/Min Report, version 2?

Yes

3. Do we use the same parameters as the Fem/Min Report, version 2?

Agency, Start Date, End Date

Yes

4. What is the priority for this item? Should this enhancement be made to the existing system or can it wait for the redesign?

Redesign

## 2.13 Download Reports

### 2.13.1 Existing Requirement

This requirement comes from the ERA Requirements Business Plan, section 5.9. It is entered in BugCollector as item CM1861. The requirement is as follows:

“Currently, committee management reports can be run using PDF or HTML. A survey of the user community suggests that PDF is mainly used to run reports and HTML should be removed as an output option.

Certain reports i.e. Rosters, PAB, Nominations for Approval forms, require manipulation. The capability to download and manipulate these reports will enable the user to make quick updates and changes to certain items listed on these reports. PDF technology does not allow the system to save reports or forward them via email. With the ability to use Excel to manipulate the document, save changes and forward by email will enhance the reporting functionality.

Usually the Office of Federal Advisory Committee Policy (OFACP) would have to make a request to the developer to make enhancements to a report. This process is time consuming and takes away from the developers other priorities. “

### 2.13.2 Questions/Additional Information

1. Reports are saved to the c:\oratemp directory with the filename being the report name with a PDF extension, for example CM6005.PDF. That document can be e-mailed. Will this satisfy the requirement to e-mail documents?

*Give users the ability to provide the path and file name for the output of the report.*

2. A report tool evaluation is underway. Once the new tool is chosen, we will know what options we can offer the users.
3. What is the priority for this item? Should this enhancement be made to the existing system or can it wait for the redesign?

*Redesign*

## **2.14 Additional Items Discussed**

### **2.14.1 NIH Consultant Form Report**

Move this report to the new 'Personnel Document' report grouping. The report should default to checked if the committee type is NAC, PAC, BSC or IRG.

### 2.14.2 Acceptance Form for Members

This is a new report that will be available under the new 'Personnel Documents' report grouping. The report should default to checked if the committee type is an IRG.

The form should print the name, degrees and ROS type address as shown in the image below.

<b>ACCEPTANCE OF INVITATION TO SERVE ON AN NIH FEDERAL ADVISORY COMMITTEE</b>	
NATIONAL INSTITUTE OF NURSING RESEARCH INITIAL REVIEW GROUP	
 _____ I accept the invitation as a member	
 _____ I decline the invitation as a member	
 _____ Date	 _____ Signature
 [REDACTED] DNS, R.N., F.A.A.N. Professor Indiana University School of Nursing 1111 Middle Drive, NU403 Indianapolis, Indiana 46202-5107	



### 2.14.3 Acceptance form for Chairs

This is a new report that will be available under the new 'Personnel Documents' report grouping. The report should default to checked if the committee type is an IRG.

The form should print the name, degrees and ROS type address as shown in the image below.

<b>ACCEPTANCE OF INVITATION TO SERVE ON AN NIH FEDERAL ADVISORY COMMITTEE</b>	
NATIONAL INSTITUTE OF NURSING RESEARCH INITIAL REVIEW GROUP	
 _____ I accept the invitation as a Chair	
 _____ I decline the invitation as a Chair	
 _____ Date	 _____ Signature
 [REDACTED] DNS, R.N., F.A.A.N. Professor Indiana University School of Nursing 1111 Middle Drive, NU403 Indianapolis, Indiana 46202-5107	